

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

08

06

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		226435.59
(b) Cash on Hand at Beginning of Reporting Period .....	224279.63	
(c) Total Receipts (from Line 19) .....	14003.94	112247.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	238283.57	338683.57
7. Total Disbursements (from Line 31) .....	29000.00	129400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	209283.57	209283.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12325.65	80968.30
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1343.98	27676.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	13669.63	108644.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	13669.63	108644.73
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	334.31	3603.25
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14003.94	112247.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14003.94	112247.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	83000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	16000.00	46400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29000.00	129400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29000.00	129400.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13669.63	108644.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13669.63	108644.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Adams

Mailing Address 2811 Autumn Lake Dr

City

State

Zip Code

Katy

TX

77450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Clinical Solutions

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88350

Amount of Each Receipt this Period

57.70

Receipt

Payroll Deduction: (28.85-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

David Anderson

Mailing Address 15917 Willis Way

City

State

Zip Code

Woodbine

MD

21797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Gm Hospital Supply

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88418

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City

State

Zip Code

Dublin

OH

43017-8084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Financial Systems

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.79

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88338

Amount of Each Receipt this Period

22.85

Receipt

Payroll Deduction: (22.85-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

195.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Charles Armstrong

Mailing Address 6864 Rob Roy Drive

City

Dublin

State

OH

Zip Code

43017-8084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Financial Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88505

Amount of Each Receipt this Period

16.43

Receipt

Payroll Deduction: (16.43-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1672 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88416

Amount of Each Receipt this Period

53.27

Receipt

Payroll Deduction: (53.27-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Cassandra Baker

Mailing Address 1672 Barrington Rd

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Govt Relations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88594

Amount of Each Receipt this Period

47.50

Receipt

Payroll Deduction: (47.50-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

117.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88348

Amount of Each Receipt this Period

26.00

Receipt

Payroll Deduction: (26.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Barker

Mailing Address 2761 Skelton Ln

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88549

Amount of Each Receipt this Period

23.62

Receipt

Payroll Deduction: (23.62-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Gregory Baumli

Mailing Address 14566 Somerset Cir

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88349

Amount of Each Receipt this Period

26.34

Receipt

Payroll Deduction: (26.34-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

75.96

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 65

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory Baumli

Mailing Address 14566 Somerset Cir

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	8

Transaction ID: 80806.C88511

Amount of Each Receipt this Period

19.17

Receipt

Payroll Deduction: (19.17-  
/Pay Period )**B.**

Full Name (Last, First, Middle Initial)

Johnni Beckel

Mailing Address 3680 Nicoya Court  
Court

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Hr Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: 80806.C88261

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )**C.**

Full Name (Last, First, Middle Initial)

Laurel Beeler

Mailing Address 1723 Eagle Trl

City

Oxford

State

MI

Zip Code

48371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: 80806.C88343

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

269.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Shelley Bird

Mailing Address 7998 Caraway Ave

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88259

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Timothy Boes

Mailing Address 103 La Trobe Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1256.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88431

Amount of Each Receipt this Period

89.72

Receipt

Payroll Deduction: (89.72-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Timothy Boes

Mailing Address 103 La Trobe Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88635

Amount of Each Receipt this Period

79.12

Receipt

Payroll Deduction: (79.12-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

368.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott Bostick

Mailing Address 1546 Vivaldi Drive

City

Cardiff

State

CA

Zip Code

92007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm - Supply Technologies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88381

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88362

Amount of Each Receipt this Period

32.96

Receipt

Payroll Deduction: (32.96-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Mark Branday

Mailing Address 55 Island Blvd

City

Fox Island

State

WA

Zip Code

98333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88571

Amount of Each Receipt this Period

30.25

Receipt

Payroll Deduction: (30.25-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

143.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Brown

Mailing Address 3103 Saddle Ridge

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Cust Svc Technical Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88283

Amount of Each Receipt this Period

28.46

Receipt

Payroll Deduction: (14.23-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Charles Burwell

Mailing Address 4627 Torrey Circle Apt. P-203  
Apt. P-203

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88411

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Stacy Butterfield

Mailing Address 5151 Woodbridge Dr

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Gbl Financial & Bus Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88408

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

228.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Court

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Reg Aff-regulation Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88364

Amount of Each Receipt this Period

33.00

Receipt

Payroll Deduction: (33.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Gary Cacciatore

Mailing Address 3810 Loch Glen Court

City

Houston

State

TX

Zip Code

77059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Reg Aff-regulation Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88550

Amount of Each Receipt this Period

23.89

Receipt

Payroll Deduction: (23.89-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Thomas Calhoun

Mailing Address 5n496 W Lakeview Cir

City

St Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Whe / Dist North Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88351

Amount of Each Receipt this Period

28.93

Receipt

Payroll Deduction: (28.93-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

85.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Calhoun

Mailing Address 5n496 W Lakeview Cir

City

St Charles

State

IL

Zip Code

60175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Whe / Dist North Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88562

Amount of Each Receipt this Period

26.87

Receipt

Payroll Deduction: (26.87-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Steven Callison

Mailing Address 1368 Lincoln Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, It Prog/proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88293

Amount of Each Receipt this Period

15.96

Receipt

Payroll Deduction: (15.96-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Steven Callison

Mailing Address 1368 Lincoln Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, It Prog/proj Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88488

Amount of Each Receipt this Period

13.35

Receipt

Payroll Deduction: (13.35-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

56.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Ips Sales Ne

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88260

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Debra Caravelli

Mailing Address 4862 Vista Ridge Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.82

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88335

Amount of Each Receipt this Period

21.63

Receipt

Payroll Deduction: (21.63-  
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 300 W. Spring St. #1502  
#1502

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chairman &amp; Ceo, Cah

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88306

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

606.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jack Coffey

Mailing Address 8191 Winchcombe Dr

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Qra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88265

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mary Cooney

Mailing Address 2211 Briarglen #507  
#507

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Hr Business Partner Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88271

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City

Greenfield

State

WI

Zip Code

53221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88340

Amount of Each Receipt this Period

23.22

Receipt

Payroll Deduction: (23.22-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

423.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Bonita Court

Mailing Address 5392 S Cambridge Ln

City

Greenfield

State

WI

Zip Code

53221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, Sales Training/process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88548

Amount of Each Receipt this Period

22.26

Receipt

Payroll Deduction: (22.26-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Leland Cox

Mailing Address 43 N Ohio Ave

City

Columbus

State

OH

Zip Code

43203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, National Chain Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88269

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

John Cullivan

Mailing Address 1 Miranova Place #910  
#910

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88419

Amount of Each Receipt this Period

115.40

Receipt

Payroll Deduction: (57.70-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

337.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jody Davids

Mailing Address 7638 Red Bay Court

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Gss And Cio

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88415

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Ronald Dedels

Mailing Address 8371 Dolman Drive

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sales Operations Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88296

Amount of Each Receipt this Period

16.64

Receipt

Payroll Deduction: (16.64-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Ronald Dedels

Mailing Address 8371 Dolman Drive

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sales Operations Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.29

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88495

Amount of Each Receipt this Period

14.33

Receipt

Payroll Deduction: (14.33-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

130.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Ct  
Island Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Hr Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88425

Amount of Each Receipt this Period

61.20

Receipt

Payroll Deduction: (61.20-  
/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Ted Dibiase

Mailing Address 4954 Rosegate Ct  
Island Drive

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Hr Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88595

Amount of Each Receipt this Period

49.60

Receipt

Payroll Deduction: (49.60-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Kurt Dieck

Mailing Address 7037 Lake Trail Dr

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Strategy & Bus Dev - Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88264

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

**310.80**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary Dolch

Mailing Address 8382 Deep Run

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 80806.C88301

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Michael Duffy

Mailing Address 6825 Macneil Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 80806.C88326

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Gary Ellis

Mailing Address 6146 Balmoral Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Branded Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	8

Transaction ID: 80806.C88267

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

624.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Leeann Evensen

Mailing Address 1423 Shady Valley

City

Sugar Land

State

TX

Zip Code

77479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, App Design & Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88290

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Stephen Falk

Mailing Address 2480 Sandover Rd

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, General Counsel Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88263

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Nathaniel Filler

Mailing Address 7639 Presidium Loop

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, State Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88287

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88299

Amount of Each Receipt this Period

18.36

Receipt

Payroll Deduction: (18.36-  
/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Stephen Flannery

Mailing Address 275 East Center St

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88506

Amount of Each Receipt this Period

16.91

Receipt

Payroll Deduction: (16.91-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88302

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

419.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Ford

Mailing Address 2262 Yorkshire Road

City

Upper Arlington

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Legal Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88409

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

David Fries

Mailing Address 4491 Hickory Rock Dr

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88288

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Edmund Fry

Mailing Address 1 Miranova Pl. Apt. 2040  
Apt. 2040

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Quality Assurance/reg Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88270

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Joshua Gaines

Mailing Address 5721 Clover Lane  
Drive

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88342

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.74

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88384

Amount of Each Receipt this Period

45.91

Receipt

Payroll Deduction: (45.91-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Robert Giacalone

Mailing Address 7471 Balfoure Circle

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Reg Affairs/chf Reg Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.18

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88573

Amount of Each Receipt this Period

32.44

Receipt

Payroll Deduction: (32.44-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

128.35

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

James Gill

Mailing Address 1529 Woodvale Avenue

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm Strategic Initiatives

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88292

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Glover

Mailing Address 5633 N Kostner Avenue

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

412.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88353

Amount of Each Receipt this Period

29.46

Receipt

Payroll Deduction: (29.46-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Robert Glover

Mailing Address 5633 N Kostner Avenue

City

Chicago

State

IL

Zip Code

60646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88560

Amount of Each Receipt this Period

26.36

Receipt

Payroll Deduction: (26.36-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

85.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88334

Amount of Each Receipt this Period

20.67

Receipt

Payroll Deduction: (20.67-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

David Goldsberry

Mailing Address 321 St Andrews Ln

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88510

Amount of Each Receipt this Period

19.06

Receipt

Payroll Deduction: (19.06-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

David Gonzales

Mailing Address 384 Colorado Drive

City

Cedar Creek

State

TX

Zip Code

78612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, State Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88413

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

139.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Grant

Mailing Address 6869 Meadow Glen Dr

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Fed Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88366

Amount of Each Receipt this Period

70.00

Receipt

Payroll Deduction: (35.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Scott Gregg

Mailing Address 10682 Scarborough Way  
Way

City

Powell

State

OH

Zip Code

43065-8769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88345

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

John Grisdale

Mailing Address 7135 Fodor

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88329

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88333

Amount of Each Receipt this Period

20.55

Receipt

Payroll Deduction: (20.55-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Michael Groesbeck

Mailing Address 33916 Summerfield

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Qra Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88512

Amount of Each Receipt this Period

19.25

Receipt

Payroll Deduction: (19.25-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

L Glenn Hall

Mailing Address 26115 Oak Ridge Dr  
Attn M R Peebles

City

The Woodlands

State

TX

Zip Code

77380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88572

Amount of Each Receipt this Period

31.19

Receipt

Payroll Deduction: (31.19-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

70.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Gregory Halvacs

Mailing Address 4964 Olentangy River  
River Rd

City State Zip Code  
Delaware OH 43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88406

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Dir, It Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88341

Amount of Each Receipt this Period

24.04

Receipt

Payroll Deduction: (24.04-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Troy Hanson

Mailing Address 5622 Dorsey Drive

City State Zip Code  
Columbus OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Dir, It Business Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88547

Amount of Each Receipt this Period

21.95

Receipt

Payroll Deduction: (21.95-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

145.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Finance Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1566.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88273

Amount of Each Receipt this Period

111.90

Receipt

Payroll Deduction: (111.9-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Finance Hscs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88643

Amount of Each Receipt this Period

97.86

Receipt

Payroll Deduction: (97.86-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Richard Heard

Mailing Address 8106 Bulrush Canyon Trail  
Trail

City

Katy

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88346

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

259.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Henderson

Mailing Address 347 Morgan Ln

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88323

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Hethcox

Mailing Address 5442 Haverhill Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Exec, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88365

Amount of Each Receipt this Period

33.35

Receipt

Payroll Deduction: (33.35-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Jay Hexamer

Mailing Address 770 Westwind Ln

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88284

Amount of Each Receipt this Period

14.42

Receipt

Payroll Deduction: (14.42-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

87.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jay Hexamer

Mailing Address 770 Westwind Ln

City

Alpharetta

State

GA

Zip Code

30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Direct Sales Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88491

Amount of Each Receipt this Period

14.06

Receipt

Payroll Deduction: (14.06-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Hinrichs

Mailing Address 7037 Bordeaux Ct

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Controller

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88324

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

John Howard

Mailing Address 305 Vine Ct

City

Mandeville

State

LA

Zip Code

70448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Cnslt, Franchise Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88289

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

84.06

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Wendy Hufford

Mailing Address 5303 Rosalind Blvd.

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88380

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Anthony Hunt

Mailing Address 10208 Hollybrook Dr

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88285

Amount of Each Receipt this Period

14.50

Receipt

Payroll Deduction: (14.50-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Anthony Hunt

Mailing Address 10208 Hollybrook Dr

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.13

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88492

Amount of Each Receipt this Period

14.13

Receipt

Payroll Deduction: (14.13-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

108.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Gm Presource Prdcts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88361

Amount of Each Receipt this Period

31.15

Receipt

Payroll Deduction: (31.15-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Stephen Inacker

Mailing Address 1490 S Ridge Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Gm Presource Prdcts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88551

Amount of Each Receipt this Period

23.98

Receipt

Payroll Deduction: (23.98-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Brian Jackson

Mailing Address 9055 Tartan Flds Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Specialty

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88294

Amount of Each Receipt this Period

32.00

Receipt

Payroll Deduction: (16.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

87.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave # 2012  
# 2012

City State Zip Code  
Fort Worth TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88360

Amount of Each Receipt this Period

30.70

Receipt

Payroll Deduction: (30.70-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Stephen Johnson

Mailing Address 221 W Lancaster Ave # 2012  
# 2012

City State Zip Code  
Fort Worth TX 76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88563

Amount of Each Receipt this Period

26.95

Receipt

Payroll Deduction: (26.95-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Remi Kajogbola

Mailing Address 15751 Sheridan St #149  
#149

City State Zip Code  
Fort Lauderdale FL 33331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88424

Amount of Each Receipt this Period

60.58

Receipt

Payroll Deduction: (60.58-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

118.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Remi Kajogbola

Mailing Address 15751 Sheridan St #149  
#149

City State Zip Code  
Fort Lauderdale FL 33331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Direct Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88626

Amount of Each Receipt this Period

51.43

Receipt

Payroll Deduction: (51.43-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance Point St  
Point St

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Group President, Hscs Medical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88303

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Ips Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88359

Amount of Each Receipt this Period

30.24

Receipt

Payroll Deduction: (30.24-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

466.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Kennedy

Mailing Address 4783 Vista Ridge Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Ips Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.75

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88561

Amount of Each Receipt this Period

26.39

Receipt

Payroll Deduction: (26.39-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Steven Koester

Mailing Address 2122 Autumn Wood Dr

City

St Charles

State

MO

Zip Code

63303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Store Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88291

Amount of Each Receipt this Period

30.00

Receipt

Payroll Deduction: (15.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Margaret Lavalley

Mailing Address 9410 Culross Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Gss Business Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88405

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

156.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steve Lawrence

Mailing Address 4868 Carrigan Ridge

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Mrktng, Retail/alt Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88266

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm, V Mueller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88336

Amount of Each Receipt this Period

22.49

Receipt

Payroll Deduction: (22.49-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

James Leidl

Mailing Address 95 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Gm, V Mueller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88508

Amount of Each Receipt this Period

18.01

Receipt

Payroll Deduction: (18.01-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

240.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88304

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88337

Amount of Each Receipt this Period

22.83

Receipt

Payroll Deduction: (22.83-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Donna Mann

Mailing Address 6666 Mcvey Blvd

City

West Worthington

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Hr Service Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88509

Amount of Each Receipt this Period

18.44

Receipt

Payroll Deduction: (18.44-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

425.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jessica Mayer

Mailing Address 4852 Carrigan Ridge

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Bus Mgmt (atty)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88357

Amount of Each Receipt this Period

60.00

Receipt

Payroll Deduction: (30.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Janice Mccampbell

Mailing Address 7000 Cardinal PI

City State Zip Code  
Dublin OH 43017-1091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Engineering Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.56

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88367

Amount of Each Receipt this Period

35.54

Receipt

Payroll Deduction: (35.54-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City State Zip Code  
Dublin OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation  
Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.98

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88363

Amount of Each Receipt this Period

33.07

Receipt

Payroll Deduction: (33.07-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

128.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Lindy Mclean

Mailing Address 7272 Black Abbey Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Sr Cnslt, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.43

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88566

Amount of Each Receipt this Period

29.45

Receipt

Payroll Deduction: (29.45-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Steven Merkin

Mailing Address 1481 Country Ln

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Hr Business Partner Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88382

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Marc Mullen

Mailing Address 1650 Sherborne Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

SVP, Sales & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88414

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

209.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88369

Amount of Each Receipt this Period

39.81

Receipt

Payroll Deduction: (39.81-  
/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Frederick Nelson

Mailing Address 7303 Deacon Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Op Excellence - Bb Prgm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88576

Amount of Each Receipt this Period

36.80

Receipt

Payroll Deduction: (36.80-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

James Nuckols

Mailing Address 1740 Dylan Way

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Software Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88272

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

276.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Overman

Mailing Address 900 Wyndham Hill Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88298

Amount of Each Receipt this Period

17.52

Receipt

Payroll Deduction: (17.52-  
/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Mark Overman

Mailing Address 900 Wyndham Hill Ct

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Account

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88502

Amount of Each Receipt this Period

15.52

Receipt

Payroll Deduction: (15.52-  
/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Angela Perkins

Mailing Address 615 N Beverly Lane

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance Mpm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88410

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

133.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Perrine

Mailing Address 7249 Landon Lane

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, It Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88407

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Vicki Perryman

Mailing Address 2000 Loch Lomond Dr

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88328

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Aaron Pitts

Mailing Address 5014 Closeburn Ct

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strategic Plng/execution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88281

Amount of Each Receipt this Period

26.92

Receipt

Payroll Deduction: (13.46-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

166.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

948.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88426

Amount of Each Receipt this Period

67.77

Receipt

Payroll Deduction: (67.77-  
/Pay Period )

B.

Full Name (Last, First, Middle Initial)

George Plava

Mailing Address 3526 Pembroke Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Sourcing Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

995.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88591

Amount of Each Receipt this Period

46.31

Receipt

Payroll Deduction: (46.31-  
/Pay Period )

C.

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

316.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88339

Amount of Each Receipt this Period

22.91

Receipt

Payroll Deduction: (22.91-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

136.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Kathy Popejoy

Mailing Address 11127 W 59th Ave

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Dir, Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88536

Amount of Each Receipt this Period

20.01

Receipt

Payroll Deduction: (20.01-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88417

Amount of Each Receipt this Period

53.99

Receipt

Payroll Deduction: (53.99-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

William Rampy

Mailing Address 103 Foxglove Ln

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Pharmacy Operations Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88592

Amount of Each Receipt this Period

46.61

Receipt

Payroll Deduction: (46.61-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

120.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Randklev

Mailing Address 2711 Pebble Stone

City

Grapevine

State

TX

Zip Code

76051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Whse/dist South Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88331

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Stephen Reardon

Mailing Address 9098 Mediterra Place

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Qra Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88322

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Rhomberg

Mailing Address 9379 Redan Court

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88327

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Ips Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88308

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Claudia Russell

Mailing Address 5064 Seagrove Cove

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strategic Intel/analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88383

Amount of Each Receipt this Period

43.99

Receipt

Payroll Deduction: (43.99-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Claudia Russell

Mailing Address 5064 Seagrove Cove

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Strategic Intel/analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88574

Amount of Each Receipt this Period

34.72

Receipt

Payroll Deduction: (34.72-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

463.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vice Chairman & Ceo, Cmp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88305

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

James Scott

Mailing Address 5893 Hunter Pl.  
Apartment D

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Alternate Care - Intl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88262

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, It Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88358

Amount of Each Receipt this Period

30.19

Receipt

Payroll Deduction: (30.19-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

614.79

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Scrase

Mailing Address 8358 Davington

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Vp, It Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	8

Transaction ID: 80806.C88559

Amount of Each Receipt this Period

25.96

Receipt

Payroll Deduction: (25.96-  
/Pay Period)**B.**

Full Name (Last, First, Middle Initial)

Frank Segrave

Mailing Address 5371 Gordon Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
President, Generics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2423.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: 80806.C88368

Amount of Each Receipt this Period

77.00

Receipt

Payroll Deduction: (38.50-  
/Pay Period)**C.**

Full Name (Last, First, Middle Initial)

Steven Seide

Mailing Address 30 Nutmeg Ln

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, IncOccupation  
Vp, Territory Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: 80806.C88297

Amount of Each Receipt this Period

16.80

Receipt

Payroll Deduction: (16.80-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

119.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven Seide

Mailing Address 30 Nutmeg Ln

City

North Andover

State

MA

Zip Code

01845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Territory Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.97

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88493

Amount of Each Receipt this Period

14.16

Receipt

Payroll Deduction: (14.16-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.54

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88332

Amount of Each Receipt this Period

20.11

Receipt

Payroll Deduction: (20.11-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Kendell Sherrer

Mailing Address 7720 Heatherwood Ln

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Hr Business Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.47

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88507

Amount of Each Receipt this Period

16.93

Receipt

Payroll Deduction: (16.93-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

51.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Jesse Sims

Mailing Address 11014 Black Falls Ct

City

Sugar Land

State

TX

Zip Code

77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Mgr, App Design & Devel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88412

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Joan Stafslie

Mailing Address 3140 Dusty Trail

City

Olivenhain

State

CA

Zip Code

92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88344

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 10644 Dundee Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88420

Amount of Each Receipt this Period

59.99

Receipt

Payroll Deduction: (59.99-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

209.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Stauffer

Mailing Address 10644 Dundee Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

886.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88593

Amount of Each Receipt this Period

47.08

Receipt

Payroll Deduction: (47.08-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Greg Storm

Mailing Address 7703 E 85th St

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Exec, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88286

Amount of Each Receipt this Period

14.81

Receipt

Payroll Deduction: (14.81-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Greg Storm

Mailing Address 7703 E 85th St

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Exec, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88490

Amount of Each Receipt this Period

13.57

Receipt

Payroll Deduction: (13.57-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

75.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88352

Amount of Each Receipt this Period

29.33

Receipt

Payroll Deduction: (29.33-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Summers

Mailing Address 146 Chasely Circle

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Marketing Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88558

Amount of Each Receipt this Period

25.84

Receipt

Payroll Deduction: (25.84-  
/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Mary Jane Tew

Mailing Address 6315 Duffy Rd

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Customer Service Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88347

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

105.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Ethan Trull

Mailing Address 2663 Marl Oak Dr

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Vp, Asc Gen Csl, Litigation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88295

Amount of Each Receipt this Period

32.48

Receipt

Payroll Deduction: (16.24-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Walter

Mailing Address 2423 North Ocean Blvd  
Blvd

City

Gulf Stream

State

FL

Zip Code

33482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88300

Amount of Each Receipt this Period

384.04

Receipt

Payroll Deduction: (192.0-  
2/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Human Resource Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88307

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

801.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Rodney Whitmore

Mailing Address 7159 Drucilla St Nw

City State Zip Code  
 Pickerington OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Svp, Hr Bus Partner Hscs Pharm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88268

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City State Zip Code  
 San Diego CA 92103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Group President, Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88309

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Deborah Wolin

Mailing Address 44 Lake Mist Drive

City State Zip Code  
 Sugar Land TX 77479

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cardinal Health, Inc

Occupation  
Vp, Asc Gen Csl, Comm/trans

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88325

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

624.60

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Anthony Woo

Mailing Address 6151 Haddo Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Corp Devel, Fin Anl/val

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88330

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1857.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 4 / 2 0 0 8

Transaction ID: 80806.C88282

Amount of Each Receipt this Period

132.69

Receipt

Payroll Deduction: (132.6-  
9/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof & Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1953.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 8

Transaction ID: 80806.C88642

Amount of Each Receipt this Period

95.72

Receipt

Payroll Deduction: (95.72-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

268.41

**TOTAL** This Period (last page this line number only) .....

12325.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 65

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000  
MC 2250

City State Zip Code  
Detroit MI 48275-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3603.25

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 8

Transaction ID: 070920080C88221

Amount of Each Receipt this Period

334.31

Interest Received

**SUBTOTAL** of Receipts This Page (optional) .....

334.31

**TOTAL** This Period (last page this line number only) .....

334.31

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 65

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Diana DeGette for Congress

Mailing Address PO Box 61337

City  
Denver

State  
CO

Zip Code  
80206-8337

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
DIANA L DEGETTE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: 070920080E1096

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

People for English

Mailing Address 104 Hume Ave

City  
Alexandria

State  
VA

Zip Code  
22301-1015

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
PHILIP S. ENGLISH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: 070920080E1095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address C/O Erin Bradbury  
 101 Constitution Ave, NW Ste 800 W

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
ORRIN G HATCH

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: 80806.E1098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 / 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Blanche Lincoln

Mailing Address 501 Capitol Ct, NE Ste 100

City  
WashingtonState  
DCZip Code  
20002-7708Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
BLANCHE LAMBERT LINCOLNCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: 80806.E1105

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Tubbs Jones for U.S. Congress

Mailing Address 3729 Silsby Road

City  
University HeightsState  
OHZip Code  
44118-Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
STEPHANIE TUBBS JONESCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 80702.E1094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	0	8

Amount of Each Disbursement this Period

2000.00

DIRECT CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

Voinovich for Senate

Mailing Address 900 19th St NW Fl 8

City  
WashingtonState  
DCZip Code  
20006-2105Purpose of Disbursement  
DIRECT CONTRIBUTIONCandidate Name  
GEORGE V VOINOVICHCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 80806.E1106

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

3000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

13000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.** Full Name (Last, First, Middle Initial)  
Ohio House Republican Campaign Cmte

Mailing Address 100 East Broad Street  
Suite 2225

City Columbus State OH Zip Code 43215-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 80806.E1097

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
House Democratic Caucus Fund

Mailing Address 340 E Fulton St

City Columbus State OH Zip Code 43215-5418

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 80806.E1101

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Team Burke

Mailing Address 13958 Watkins Rd

City Marysville State OH Zip Code 43040-8943

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1111

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 65

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Carey	<b>Transaction ID:</b> 80806.E1104 <b>Date of Disbursement</b>
Mailing Address 401 S. Arkansas Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 7 / 2 0 0 8</div> </div>
City Wellston State OH Zip Code 45692-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney	<b>Transaction ID:</b> 80806.E1112 <b>Date of Disbursement</b>
Mailing Address 357 E Torrence Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43214-3837	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee for Larry Flowers	<b>Transaction ID:</b> 80806.E1100 <b>Date of Disbursement</b>
Mailing Address 14 E Gay St Fl 2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 7 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43215-3182	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement DIRECT CONTRIBUTION	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 65

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Karen Gilmor for Ohio

Mailing Address PO Box 278

City  
Tiffin

State  
OH

Zip Code  
44883-0278

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1110

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Jay Goyal

Mailing Address 2584 Wahl Dr

City  
Mansfield

State  
OH

Zip Code  
44904-1544

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1107

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Heard

Mailing Address 87 S Hampton Rd

City  
Columbus

State  
OH

Zip Code  
43213-1606

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 / 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City  
New RichmondState  
OHZip Code  
45157-9602Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1103

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Redfern 2006

Mailing Address 2841 Bluff Ridge Drive

City  
Port ClintonState  
OHZip Code  
43452-Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1102

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Mike J. Skindell

Mailing Address 16800 Delaware Avenue

City  
LakewoodState  
OHZip Code  
44107-Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80806.E1108

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Fred Strahorn

Mailing Address 531 Belemonte Pk #1001

City  
Dayton

State  
OH

Zip Code  
45405-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 80806.E1109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

16000.00